P16000079277

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/29/16--01005--017 **35.00

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FIL SEP 27 PM 3: 40
SECRETAGE
TALLARASSES

SEP 28 2016 D CUSHING

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Destin Building Contracotors Incorporated

losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
EDOM: Tor	ey Christopher James Geile		
FROM:	Nam BOX 5804	e (Printed or typed)	
FROM: <u>PO</u>	Nam BOX 5804 tin, FL 32540	Address	
FROM: PO Des	Nam BOX 5804 tin, FL 32540		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

TOREY GEILE 97 DOMINICA COURT MIRAMAR BEACH, FL 32550

September 23, 2016

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314 ATTN: DIANE CUSHING

Ms. Cushing;

I recently sent a check and application for a Revocation of Dissolution (see attached) that was denied. The check was never refunded, and I respectfully request the \$52.50 be applied to the attached application for a new corporation.

Please contact me with any questions or comments.

Sincerely,

Torey CJ Geile

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPA Prin 97 Dominica Court	L OFFICE cipal street address	Mailing add PO BOX 5804	ress, if different is:
Miramar Beach, FL 32550		Destin, FL 32540	
ARTICLE III PURPOSE The purpose for which the co- operations related to the con-	orporation is organized is:	pose of this Professional Corporat	ion is to perform lawful
ARTICLE IV_SHARES	. 1000		16 SEP 27
Name and Title: To	FFICERS AND/OR DIRECTORS	Name and Title:	PH SI
De	stin, FL 32540		
		Address:	

Address	Address:	
	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable) of the registered	ed agent is:
Name:	Torey CJ Geile	
Address:	97 Dominica Court	
	Miramar Beach, FL 32550	
RTICLE VII	INCORPORATOR	
he <u>name and a</u>	ddress of the Incorporator is:	
Name:	Torey CJ Geile	
Address:	PO BOX 5804	
rudiess.	Destin, FL 32540	
RTICLE VIII	EFFECTIVE DATE:	
ffective date, if	other than the date of filing:	(OPTIONAL)
lays after the fi Note: If the date the document's of Having been na	date is listed, the date must be specific and cannot be more the illing.) e inserted in this block does not meet the applicable statutory fill effective date on the Department of State's records. med as registered agent to accept service of process for the about am familiar with and accept the appointment as registered agen	ing requirements, this date will not be listed
	NV (Pe	9/19/2016
	Required Signature/Registered Agent	Date
submit this do	cument and affirm that the <u>fac</u> ts stated herein are true. I am o	aware that the false information submitted
ocument to the	Department of State constitutes a third degree felony as provide	ed for in s.817.155, F.S. 9/19/2016
Regu	ired Signature/Incorporator	Date

Name and Title:_______ Name and Title:______